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8:09AM JUL. 1.1996 ₹ NO. : 9149624330

### **OPPEDAHL & LARSON**

FIL	E	NO.	SELF	.P-005-US	
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### **COMBINED DECLARATION** AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:	
My citizenship, residence and post office address are as listed below next to my name.	
I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: <u>DISPOSABLE GLUCOSE TEST STRIPS AND METHODS AND COMPOSITIONS FOR MAKING SAME</u> the specification of which	h
(a) [] is attached hereto.	
(b) [X] was filed on February 14, 1996 as Application Serial No. 08/601,223 and was amended on	ı
(c) [ ] was described and claimed in International Application No filed on and amended on	-
Acknowledgement of Duty of Disclosure	
I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).	n
Continuation-In-Part Application	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112 acknowledge the duty to disclose material information as defined in Title 37, Code of Federal regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filling date of this application:	, 1
(Application Serial No.) (Filing Date) (Status)(patented,pending,abandor	ned
(Application Serial No.) (Filing Date) (Status)(patented,pending,abandon	ned
Power of Attorney	-
Lhereby appoint Carl Oppedahl, PTO Reg. NO. 32,746 and Marina T. Larson, PTO Reg. No. 32,038 of the f	irm

of OPPEDAHL & LARSON, having office at 1992 Commerce Street, Yorktown Heights, NY 10598 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: OPPEDAHL & LARSON 1992 COMMERCE STREET, SUITE 309 YORKTOWN HEIGHTS, NY 10598-4412 DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON (914) 245-3252



E NO. : 9149624330

### OPPEDAHL & LARSON

FILE NO. SELF, P-005-US

**Claim for Priority** 

I hereby claim priority under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES[] NO[]
				YES[] NO[]
				YES[]NO[]
FOREIGN APPLICATION	ON(S), IF ANY, FILED MORE THA	AN 12 MONTHS (6 MON	T	OR TO SAID
	APPLICATION NO.	DATE OF FILING	DATE OF ISSUE (day/month/year)	
COUNTRY	AFFECATION NO.	(day/month/year)	(OBY/MOINTY YOU!)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME McAleer	FIRST NAME Jerome	MIDDLE NAME F.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE England	COUNTRY OF CITIZENSHIP United Kingdom
POST OFFICE ADDRESS 52 Notles cline, GRWE		CITY WANTAGE	STATE/COUNTRY ZIP CODE  Ox 12 ONR UK
DATE /ST July	/996	SIGNATURE AT MET HOW	

[x] Signature for additional joint inventor attached. Number of Pages 1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages \_\_\_\_.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages \_\_\_.

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	July 96	SIGNATURE D.	<b>3</b> 6 -
NAME OF THIRD	LAST NAME Hali	FIRST NAME Geoff	MIDDLE NAME
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NAME OF FOURTH	LAST NAME ICAZB-AIrvarez	FIRST NAME Manuel	MIODLE NAME
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NAME OF FIFTH	LAST NAME Plotkin	FIRST NAME Eliloti	MIDDLE NAME V.
NAME OF FIFTH	i Fluiniii		COUNTRY OF CITYENSHI
RESIDENCE 4	CITY OF REBIDENCE	STATE OR COUNTRY OF RESIDENCE	COOM!N: O C! CS
INVENTOR	CITY OF REBIDENCE	STATE OR COUNTRY OF RESIDENCE	STATE/COUNTRY ZP COO

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### OPPEDAHL & LARSON

## FILE NO. SELF.P-005-US

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NAME OF SECOND INVENTOR	LAST NAME Scott	FIRST NAME David	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE England	COUNTRY OF CITIZENSHIP	
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DATE		SIGNATURE		
NAME OF THIRD INVENTOR	LAST NAME Hall	FIRST NAME Geoff	MIDDLE NAME	
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POST OFFICE ADDRES	s	СПУ	STATE/COUNTRY ZIP CODE	
DATE		SIGNATURE		
ti				
NAME OF FOURTH	LAST NAME Alvarez-Icaza tcaza-Altvarez	FIRST NAME Manuel	MIDDLE NAME	
	LAST NAME Alvarez-Icaza Icaza-Alivarez CITY OF RESIDENCE	FIRST NAME Manuel  STATE OR COUNTRY OF RESIDENCE United Kingdom	MIDDLE NAME  COUNTRY OF CITIZENSHIP  Mexico	
RESIDENCE & CITIZENSHIP  POST OFFICE ADDRES	city of residence	Manuel STATE OR COUNTRY OF	COUNTRY OF CITIZENSHIP	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	Manuel  STATE OR COUNTRY OF RESIDENCE United Kingdom  CITY	COUNTRY OF CITIZENSHIP  Mexico  STATE/COUNTRY ZIP CODE	
RESIDENCE & CITIZENSHIP  POST OFFICE ADDRES  30 Reay	CITY OF RESIDENCE	Manuel  STATE OR COUNTRY OF RESIDENCE United Kingdom  CITY  Inverness  SIGNATURE	COUNTRY OF CITIZENSHIP  Mexico  STATE/COUNTRY ZIP CODE	
INVENTOR  RESIDENCE & CITIZENSHIP  POST OFFICE ADDRES  3C Reay  DATE  1st July  NAME OF FIFTH	city of Residence  ss 5t 1996  LAST NAME	Manuel  STATE OR COUNTRY OF RESIDENCE United Kingdom  CITY  INVESINESS  SIGNATURE  FIRST NAME	COUNTRY OF CITIZENSHIP  Mexico  STATE/COUNTRY ZIP CODE  IV2 3 AJ  MIDDLE NAME  V.  COUNTRY OF CITIZENSHIP	
INVENTOR  RESIDENCE & CITIZENSHIP  POST OFFICE ADDRES  3C Reay  DATE  1st July  NAME OF FIFTH INVENTOR  RESIDENCE & CITIZENSHIP  POST OFFICE ADDRES	CITY OF RESIDENCE  SS  1996  LAST NAME Plotkin  CITY OF RESIDENCE  NVERNESS	STATE OR COUNTRY OF RESIDENCE United Kingdom  CITY  Inverness  SIGNATURE  FIRST NAME  Elliott Elliott  STATE OR COUNTRY OF	COUNTRY OF CITIZENSHIP  Mexico  STATE/COUNTRY ZIP CODE  IV2 3 A J  MIDDLE NAME  V.  COUNTRY OF CITIZENSHIP	